

# Jefferson Parish Sheriff's Office



## LETTER OF INCARCERATION REQUEST

### INMATE FORM

A fee of \$25.00 will be deducted from your Commissary Account in order to receive a Letter of Incarceration from the Jefferson Parish Correctional Center. This form must be filled out completely and legibly, otherwise it will be returned to you for clarification.

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
(PRINT FIRST & LAST NAME)

I authorize the Jefferson Parish Correctional Center to deduct \$25.00 from my account to receive a Letter of Incarceration pertaining to:

**List what the Letter of Incarceration is needed for (proof of incarceration for a specific date, dates incarcerated for a specific charge or docket, etc...):**

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\_\_\_\_\_  
(INMATE'S SIGNATURE)

\_\_\_\_\_  
(DATE)